## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NU	MBER	:	PAGE 290 OF			;	392	
(che	ck only	conly one)								
X	11a		11b		11c		12			
	13		14		15		16		17	

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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	9	
Full Name (Last, First, Middle Initial)  David L. Rogers M.D.  Mailing Address 2810 N Swan Rd Ste 100	Date of Receipt		
	08 20 2015		
City	State Zip Code	Transaction ID : C3078620	
Tucson	AZ 85712-6300	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer	Occupation	-	
Old Pueblo Anesthesia	Physician		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	420.00		
Full Name (Last, First, Middle Initial)  Howard G. Rogers M.D.	Date of Receipt		
Mailing Address 495 Sweetwater Dr.	08 10 2015		
City	State Zip Code	Transaction ID : C3068863	
Cataula	GA 31804	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Anesthesia Associates of Columbus PA	Occupation anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial)  Melissa D. Rose M.D.	I	Date of Receipt	
Mailing Address 1078 Albatross Way	08 20 2015		
Collection	State Zip Code TN 37066	Transaction ID : C3078110	
Gallatin	TN 37066	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	1		
Anesthesia Services Associates, PLLC	Physician		
Receipt For:  Primary  General	Aggregate Year-to-Date ▼		
Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (optional)		770.00	
TOTAL This Period (last page this line numbe			